


<b>INVITATION TO BID</b>  STATE OF LOUISIANA DIVISION OF ADMINISTRATION OFFICE OF STATE PURCHASING			BIDS WILL BE PUBLICLY OPENED:  <div style="font-size: 1.2em; font-weight: bold;">NOV 10, 2005    10:00 AM</div>
=====> <b>VENDOR NO. :</b> <b>SOLICITATION :</b> 2203694 <b>FILE NO. :</b> M41963Z <b>OPENING DATE :</b> 11/10/05  <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>		<b>PURCHASING AGENCY NO. :</b> 107001  <b>SEE NO. 8 BELOW. RETURN BID TO</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>2203694</span> <span>11/10/05</span> <span>10:00 AM M41963Z</span> </div>	
<div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>		<b>OFFICE OF STATE PURCHASING</b> <b>OFFICE OF STATE PURCHASING</b> <b>POST OFFICE BOX 94095</b> <b>BATON ROUGE, LA 70804-9095</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUYER :</b> ANN CAMPBELL  <b>BUYER PHONE :</b> (225) 342-8043  <b>DATE ISSUED :</b> 10/18/05  <b>REQ. AGENCY :</b> 107109         </div> <div style="text-align: right;"> <b>FOLD HERE--&gt;</b> </div> </div>	
<b>FILL IN VENDOR NUMBER (FEIN), NAME AND ADDRESS ABOVE, BEFORE SUBMITTING BID.</b>		<b>DIVISION OF ADMINISTRATION</b> <b>AGENCY REQ. NO. :</b> <b>ISIS REQ. NO. :</b> 1282301 <b>VENDOR PHONE :</b> <b>FISCAL YEAR :</b> 06 <b>CLASS/SUBCLASS :</b> 96636 <b>SCHEDULED BEGIN DATE :</b> 00/00/00 <b>SCHEDULED END DATE :</b> 00/00/00 <b>T-NUMBER :</b>	
PRINTING OF W-2 FORMS 2005 DOA			
TO BE COMPLETED BY VENDOR			
<ol style="list-style-type: none"> <li>1. _____ PLEASE REMOVE FROM THIS COMMODITY CODE.</li> <li>2. _____ DELIVERY WILL BE MADE IN THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER.</li> <li>3. _____ % CASH DISCOUNT FOR PROMPT PAYMENT IF MADE WITHIN THIRTY (30) DAYS. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. ON INDEFINITE QUANTITY TERM CONTRACTS, CASH DISCOUNTS WILL BE ACCEPTED AND TAKEN BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS.</li> <li>4. _____ BID BOND ATTACHED, _____ CERTIFIED CHECK ATTACHED, _____ OTHER, IF REQUIRED.</li> <li>5. _____ BID REFERENCE NUMBER. (THIS NUMBER WILL APPEAR ON RESULTING ORDER OR CONTRACT).</li> </ol>			
INSTRUCTIONS TO BIDDERS			
<ol style="list-style-type: none"> <li>1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS.</li> <li>2. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTIONS, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALED BY THE BIDDER.</li> <li>3. THIS BID IS TO BE MANUALLY SIGNED IN INK.</li> <li>4. BID PRICES SHALL INCLUDE DELIVERY OF ALL ITEMS F.O.B. DESTINATION OR AS OTHERWISE PROVIDED. BIDS CONTAINING "PAYMENT IN ADVANCE" OR "C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER.</li> <li>5. AMOUNT OF BID BOND REQUIRED: _____ N/A _____</li> <li>6. AMOUNT OF PERFORMANCE BOND, IF REQUIRED. _____ OR _____ 0% _____ OF BID.</li> <li>7. DESIRED DELIVERY: _____ 010 DAYS ARO _____</li> <li>8. TO ASSURE CONSIDERATION OF YOUR BID, ALL BIDS AND ADDENDA SHOULD BE RETURNED IN AN ENVELOPE OR PACKAGE CLEARLY MARKED WITH THE BID OPENING DATE AND THE BID NUMBER, OR SUBMITTED IN THE SPECIAL ENVELOPE IF FURNISHED FOR THAT PURPOSE.</li> <li>9. BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.</li> <li>10. IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR (SEE NO.30). ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.</li> </ol>			
<b>VENDOR PHONE NUMBER:</b> <b>FAX NUMBER:</b>		<b>TITLE</b>	<b>DATE</b>
<b>SIGNATURE OF AUTHORIZED BIDDER - SEE NO. 30, PAGE 3.</b> <b>(MUST BE SIGNED)</b>		<b>NAME OF BIDDER</b> <b>(TYPED OR PRINTED)</b>	

STANDARD TERMS & CONDITIONS		INVITATION TO BID	
NUMBER : 2203694 OPEN DATE: 11/10/05 T-NUMBER :		BIDDER:	PAGE 2
<p>11 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE AND ADDRESS SHOWN ABOVE.</p> <p>12. CONFERENCE: NA NA NA</p> <p>13. BID FORMS. ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON, AND IN ACCORDANCE WITH, FORMS PROVIDED, PROPERLY SIGNED (SEE NO. 30). BIDS SUBMITTED IN THE FOLLOWING MANNER WILL NOT BE ACCEPTED: A. BID CONTAINS NO SIGNATURE INDICATING INTENT TO BE BOUND; B. BID FILLED OUT IN PENCIL; AND C. BID NOT SUBMITTED ON THE STATE'S STANDARD FORMS.</p> <p>BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED. TELEGRAPHIC AND FAX ALTERATIONS TO BIDS RECEIVED BEFORE BID OPENING TIME WILL BE CONSIDERED PROVIDED FORMAL BID AND WRITTEN ALTERATION HAVE BEEN RECEIVED AND TIME-STAMPED BEFORE BID OPENING TIME. ENTIRE BID SHOULD BE RETURNED, EXCEPT ITEM PAGES NOT BID.</p> <p>14. STANDARDS OF QUALITY. ANY PRODUCT OR SERVICE BID SHALL CONFORM TO ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS AND THE SPECIFICATIONS CONTAINED IN THE SOLICITATION. UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION, ANY MANUFACTURER'S NAME, TRADE NAME, BRAND NAME, OR CATALOG NUMBER USED IN THE SPECIFICATION IS FOR THE PURPOSE OF DESCRIBING THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. BIDDER MUST SPECIFY THE BRAND AND MODEL NUMBER OF THE PRODUCT OFFERED IN HIS BID. BIDS NOT SPECIFYING BRAND AND MODEL NUMBER SHALL BE CONSIDERED AS OFFERING THE EXACT PRODUCTS SPECIFIED IN THE SOLICITATION.</p> <p>15. DESCRIPTIVE INFORMATION. BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR STATE OF LOUISIANA TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATIONS SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DO NOT FULLY COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER MUST STATE IN WHAT RESPECT ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE BID FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.</p> <p>16. BID OPENING. BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING. INFORMATION PERTAINING TO COMPLETED FILES MAY BE SECURED BY VISITING THE STATE OF LOUISIANA DURING NORMAL WORKING HOURS. WRITTEN BID TABULATIONS WILL NOT BE FURNISHED.</p> <p>17. AWARDS. THE STATE OF LOUISIANA RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED OR ON AN ALL-OR-NONE BASIS AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES.</p> <p>18. PRICES. UNLESS OTHERWISE SPECIFIED BY THE STATE OF LOUISIANA IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE CONTRACTUAL PERIOD. BIDS OTHER THAN F.O.B. DESTINATION MAY BE REJECTED. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC.) AS SPECIFIED IN THE SOLICITATION.</p> <p>19. DELIVERIES. BIDS MAY BE REJECTED IF THE DELIVERY TIME INDICATED IS LONGER THAN THAT SPECIFIED IN THE SOLICITATION.</p> <p>20. TAXES. VENDOR IS RESPONSIBLE FOR INCLUDING ALL APPLICABLE TAXES IN THE BID PRICE. STATE AGENCIES ARE EXEMPT FROM ALL STATE AND LOCAL SALES AND USE TAXES.</p>			

STANDARD TERMS & CONDITIONS		INVITATION TO BID	
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		PAGE 3	
<p>21. NEW PRODUCTS. UNLESS SPECIFICALLY CALLED FOR IN THE SOLICITATION, ALL PRODUCTS FOR PURCHASE MUST BE NEW, NEVER PREVIOUSLY USED, AND THE CURRENT MODEL AND/OR PACKAGING. NO REMANUFACTURED, DEMONSTRATOR, USED OR IRREGULAR PRODUCT WILL BE CONSIDERED FOR PURCHASE UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION. THE MANUFACTURER'S STANDARD WARRANTY WILL APPLY UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION.</p> <p>22. CONTRACT RENEWALS. UPON AGREEMENT OF THE STATE OF LOUISIANA AGENCY AND THE CONTRACTOR, A TERM CONTRACT MAY BE EXTENDED FOR 2 ADDITIONAL 12-MONTH PERIODS AT THE SAME PRICES, TERMS AND CONDITIONS. IN SUCH CASES, THE TOTAL CONTRACT TERM CANNOT EXCEED 36 MONTHS.</p> <p>23. CONTRACT CANCELLATION. THE STATE OF LOUISIANA HAS THE RIGHT TO CANCEL ANY CONTRACT, IN ACCORDANCE WITH PURCHASING RULES AND REGULATIONS, FOR CAUSE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: (1) FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE CONTRACT; (2) FAILURE OF THE PRODUCT OR SERVICE TO MEET SPECIFICATIONS, CONFORM TO SAMPLE QUALITY OR TO BE DELIVERED IN GOOD CONDITION; (3) MISREPRESENTATION BY THE CONTRACTOR; (4) FRAUD, COLLUSION, CONSPIRACY OR OTHER UNLAWFUL MEANS OF OBTAINING ANY CONTRACT WITH THE STATE; (5) CONFLICT OF CONTRACT PROVISIONS WITH CONSTITUTIONAL OR STATUTORY PROVISIONS OF STATE OR FEDERAL LAW; (6) ANY OTHER BREACH OF CONTRACT.</p> <p>24. DEFAULT OF CONTRACTOR. FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE BID WILL CONSTITUTE A DEFAULT AND MAY CAUSE CANCELLATION OF THE CONTRACT. WHERE THE STATE HAS DETERMINED THE CONTRACTOR TO BE IN DEFAULT, THE STATE RESERVES THE RIGHT TO PURCHASE ANY OR ALL PRODUCTS OR SERVICES COVERED BY THE CONTRACT ON THE OPEN MARKET AND TO CHARGE THE CONTRACTOR WITH COST IN EXCESS OF THE CONTRACT PRICE. UNTIL SUCH ASSESSED CHARGES HAVE BEEN PAID, NO SUBSEQUENT BID FROM THE DEFAULTING CONTRACTOR WILL BE CONSIDERED.</p> <p>25. ORDER OF PRIORITY. IN THE EVENT THERE IS A CONFLICT BETWEEN THE INSTRUCTIONS TO BIDDERS OR STANDARD CONDITIONS AND THE SPECIAL CONDITIONS, THE SPECIAL CONDITIONS SHALL GOVERN.</p> <p>26. APPLICABLE LAW. ALL CONTRACTS SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.</p> <p>27. COMPLIANCE WITH CIVIL RIGHTS LAWS. BY SUBMITTING AND SIGNING THIS BID, BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. BIDDER AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES, AND WILL RENDER SERVICES UNDER ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, VETERAN STATUS, POLITICAL AFFILIATION, OR DISABILITIES. ANY ACT OF DISCRIMINATION COMMITTED BY BIDDER, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION.</p> <p>28. SPECIAL ACCOMMODATION. ANY "QUALIFIED INDIVIDUAL WITH A DISABILITY" AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT WHO HAS SUBMITTED A BID AND DESIRES TO ATTEND THE BID OPENING, MUST NOTIFY THIS OFFICE IN WRITING NOT LATER THAN SEVEN DAYS PRIOR TO THE BID OPENING DATE OF THEIR NEED FOR SPECIAL ACCOMMODATIONS. IF THE REQUEST CANNOT BE REASONABLY PROVIDED, THE INDIVIDUAL WILL BE INFORMED PRIOR TO THE BID OPENING.</p> <p>29. INDEMNITY. CONTRACTOR AGREES, UPON RECEIPT OF WRITTEN NOTICE OF A CLAIM OR ACTION, TO DEFEND THE CLAIM OR ACTION, OR TAKE OTHER APPROPRIATE MEASURE, TO INDEMNIFY, AND HOLD HARMLESS, THE STATE, ITS OFFICERS, ITS AGENTS AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS AND ACTIONS FOR BODILY INJURY, DEATH OR PROPERTY DAMAGES CAUSED BY THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. CONTRACTOR IS OBLIGATED TO INDEMNIFY ONLY TO THE EXTENT OF THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. HOWEVER, THE CONTRACTOR SHALL HAVE NO OBLIGATION AS SET FORTH ABOVE WITH RESPECT TO ANY CLAIM OR ACTION FROM BODILY INJURY, DEATH OR PROPERTY DAMAGES ARISING OUT OF THE FAULT OF THE STATE, ITS OFFICERS, ITS AGENTS OR ITS EMPLOYEES.</p> <p>30. SIGNATURE AUTHORITY. IN ACCORDANCE WITH L.R.S. 39:1594 (ACT 121), THE PERSON SIGNING THE BID MUST BE:</p> <ol style="list-style-type: none"> <li>1. A CURRENT CORPORATE OFFICER, PARTNERSHIP MEMBER OR OTHER INDIVIDUAL SPECIFICALLY AUTHORIZED TO SUBMIT A BID AS REFLECTED IN THE APPROPRIATE RECORDS ON FILE WITH THE SECRETARY OF STATE; OR</li> <li>2. AN INDIVIDUAL AUTHORIZED TO BIND THE VENDOR AS REFLECTED BY A CORPORATE RESOLUTION, CERTIFICATE OR AFFIDAVIT; OR</li> <li>3. OTHER DOCUMENTS INDICATING AUTHORITY WHICH ARE ACCEPTABLE TO THE PUBLIC ENTITY.</li> </ol>			

SPECIAL TERMS & CONDITIONS		INVITATION TO BID	
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1 BID DELIVERY INSTRUCTIONS FOR STATE PURCHASING:

BIDDERS ARE HEREBY ADVISED THAT THE U.S. POSTAL SERVICE DOES NOT MAKE DELIVERIES TO OUR PHYSICAL LOCATION.

BIDS MAY BE MAILED THROUGH THE U.S. POSTAL SERVICE TO OUR BOX AT:  
OFFICE OF STATE PURCHASING  
P O BOX 94095  
BATON ROUGE LA 70804-9095

BIDS MAY BE DELIVERED BY HAND OR COURIER SERVICE TO OUR PHYSICAL LOCATION AS FOLLOWS:

OFFICE OF STATE PURCHASING  
CLAIBORNE BUILDING, SUITE 2-160  
1201 NORTH THIRD STREET  
BATON ROUGE, LA 70802

BIDDER IS SOLELY RESPONSIBLE FOR ENSURING THAT ITS COURIER SERVICE PROVIDER MAKES INSIDE DELIVERIES TO OUR PHYSICAL LOCATION. THE OFFICE OF STATE PURCHASING IS NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY THE THE BIDDER'S CHOSEN MEANS OF BID DELIVERY.

BIDDER IS SOLELY RESPONSIBLE FOR THE TIMELY DELIVERY OF ITS BID. FAILURE TO MEET THE BID OPENING DATE & TIME SHALL RESULT IN REJECTION OF THE BID.

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PUBLICIZING AWARDS. IN ACCORDANCE WITH L.A.C.34:I.535, UNSUCCESSFUL BIDDERS WILL BE NOTIFIED OF THE AWARD PROVIDED THAT THEY SUBMIT WITH THEIR BID A SELF-ADDRESSED STAMPED ENVELOPE REQUESTING THIS INFORMATION.  
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2 W-2 FORM PAPER:

8 1/2" X 14" LASER CUT SHEET PRE-PRINTED 4-CORNER FORMAT W-2, APEX FORM #PS1287 OR EQUAL. THIS FORM USES ECCENTRIC Z-FOLD THAT REQUIRES THE USE OF A PRESSURE SEAL MACHINE TO FOLD AND SEAL. BACK OF SHEET MUST HAVE STANDARD 2005 W-2 INSTRUCTIONS "NOTICE TO EMPLOYEE". FORMS MUST HAVE VERTICAL AND HORIZONTAL PERFORATIONS.

\*\*\*PAPER STOCK: MUST BE 28 LB. PAPER  
PRINTING OF FORM TO BE IN BLACK INK

\*\*\*IMPORTANT: VENDOR MUST SUBMIT FIFTY (50) SAMPLE FORMS WITH BID \*\*\*  
FOR TESTING PURPOSES.

PERFORMANCE:  
LASER FORMS MUST BE GUARANTEED TO PERFORM SATISFACTORILY WITH CURRENT SOFTWARE PROGRAM W-2 FORM PRINTING ON THE HPC8522A - MODEL 9000HNS - LASERJET PRINTER.

DELIVERY OF W-2 FORMS  
INSIDE DELIVERY REQUIRED TO:

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INFORMATION SERVICES BUILDING  
 1800 NORTH THIRD STREET  
 BATON ROUGE, LA 70802

DELIVERY HOURS: MON-FRI 8:00 A.M. - 5:00 P.M.

CARRIER/VENDOR IS TO CALL (225) 342-0713 TO PROVIDE 48 HOURS ADVANCE NOTICE OF DELIVERY.

ISB BUILDING IS EQUIPPED WITH A LOADING DOCK CAPABLE OF HANDLING ANY SIZE TRUCK UP TO AND INCLUDING 2 18 WHEELERS. THE DOCK IS EQUIPPED WITH 2 FLOATING RAMP LEVELERS FOR OFF LOADING FROM TRUCKS TO DOCK. NOTE: CARRIER IS REQUIRED TO DELIVER CARTONS TO THE FORMS STORAGE ROOM ON THE FIRST FLOOR, WITHIN THE ISB BUILDING.

CARRIER MUST USE THEIR OWN EQUIPMENT TO PROVIDE INSIDE DELIVERY AT LOCATION SPECIFIED ABOVE.

VENDOR MUST GUARANTEE A 12-MONTH SHELF LIFE ON PRODUCT. ALL FORMS MUST BE LESS THAN 6-MONTHS OLD AT TIME OF DELIVERY.

3 TERMS AND CONDITIONS. THIS SOLICITATION CONTAINS ALL TERMS AND CONDITIONS WITH RESPECT TO THE COMMODITIES HEREIN. ANY VENDOR CONTRACTS, FORMS, TERMS OR OTHER MATERIALS SUBMITTED WITH BID MAY CAUSE BID TO BE REJECTED.

4 PREFERENCE. IN ACCORDANCE WITH LOUISIANA REVISED STATUTES 39:1595, A PREFERENCE MAY BE ALLOWED FOR PRODUCTS MANUFACTURED, PRODUCED, GROWN, OR ASSEMBLED IN LOUISIANA OF EQUAL QUALITY.

DO YOU CLAIM THIS PREFERENCE? YES \_\_\_\_\_

SPECIFY LINE NUMBER(S) : \_\_\_\_\_

\_\_\_\_\_

SPECIFY LOCATION WITHIN LOUISIANA WHERE THIS PRODUCT IS MANUFACTURED, PRODUCED, GROWN OR ASSEMBLED: \_\_\_\_\_

\_\_\_\_\_

(NOTE: IF MORE SPACE IS REQUIRED, INCLUDE ON SEPARATE SHEET.)

DO YOU HAVE A LOUISIANA BUSINESS WORKFORCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, DO YOU CERTIFY THAT AT LEAST FIFTY PERCENT (50%) OF YOUR LOUISIANA BUSINESS WORKFORCE IS COMPRISED OF LOUISIANA RESIDENTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES. PREFERENCES SHALL NOT APPLY TO SERVICE CONTRACTS.

5 DELIVERY IS OF THE ESSENCE AND THE STATE RESERVES THE RIGHT TO AWARD TO THAT VENDOR WHICH MEETS THE REQUIRED DELIVERY DATE. THE STATE ALSO

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<p>RESERVES THE RIGHT TO REJECT ANY AND ALL VENDORS WHO CANNOT MAKE DELIVERY TO THE STATED LOADING DOCK BY DECEMBER 1, 2005.</p> <p>STATE EARLIEST POSSIBLE DELIVERY DATE: _____.</p> <p>6 ALL ART, COLOR SEPARATIONS, FILM, NEGATIVES, TAPES, FLOPPY DISKS, SPECIAL PLATES AND DIES ARE TO BECOME THE PROPERTY OF THE STATE OF LOUISIANA. SUCCESSFUL VENDOR IS TO FORWARD THESE TO THE AGENCY UPON COMPLETION OF THIS JOB.</p> <p>7 QUALITY OF WORKMANSHIP AND STOCK-ALL ARTICLES FURNISHED AND WORK DONE MUST BE OF A FIRST CLASS QUALITY. THE USE OF POOR TYPE, POOR PRESSWORK OR THE USE OF A DIFFERENT COLOR OF INK FROM THAT ORDERED, INFERIOR BINDING, INFERIOR QUALITY OR MIS-MATCHED PAPER STOCK, A LESSER GRADE OF PAPER THAN THAT ORDERED, OR ANY OTHER DISCREPANCIES WILL BE SUFFICIENT CAUSE FOR THE REJECTION OF THE WORK AND FOR REFUSAL OF PAYMENT UNTIL THE CONTRACT CONTROVERSY IS RESOLVED.</p>			

PRICE SHEET		INVITATION TO BID			
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LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE	EXTENDED TOTAL
	UNLESS SPECIFIED ELSEWHERE SHIP TO: DIVISION OF ADMINISTRATION OSUP-DATA CENTER/ISB BUILDING ATTN CHUCK DENSTORFF 1801 NORTH FOURTH STREET BATON ROUGE , LA 70802				
00001	COMMODITY CODE: 966-36-000000  8-1/2" X 14" CUT SHEET PRE-PRINTED 4-CORNER FORMAT W-2, APEX FORM #PS1287 WITH STANDARD 2005 W-2 INSTRUCTIONS ON THE BACK.  FORM USES AN ECCENTRIC Z-FOLD THAT REQUIRES THE USE OF A PRESSURE SEAL MACHINE TO FOLD AND SEAL. FRONT SIDE OF SHEET MUST BE PRE-PRINTED. BACK SIDE OF SHEET MUST INCLUDE STANDARD 2005 W-2 INSTRUCTIONS "NOTICE TO EMPLOYEE".  FORMS MUST BE DELIVERED TO LOADING DOCK NO LATER THAN DECEMBER 1, 2005  *** DELIVERY ADDRESS *** INFORMATION SERVICES BUILDING 1800 NORTH THIRD STREET BATON ROUGE LA 70802  SEE SPECIFICATIONS REGARDING INSIDE DELIVERY.  NOTE: DELIVERY OF THE ENTIRE ORDER BY THE DATE SPECIFIED IS OF THE ESSENCE. DELIVERY DATE WILL BE A DETERMINING FACTOR IN THE AWARDING OF THIS BID	85	M		
00002	REQUISITION LINE CANCELLED				

Department of the Treasury—Internal Revenue Service

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number

13 Statutory employee	14 Retirement plan	15 Third-party sick pay	16 Other
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e Employee's name, address and ZIP code

15 State	Employer's state ID No.	16 State wages, tips, etc.
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2004	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	

**W-2 Wage and Tax Statement**  
Copy C-For  
EMPLOYEE'S RECORDS  
(See Notice to Employees on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if the income is taxable and you fail to report it.

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
This information is being furnished to the Internal Revenue Service	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number

13 Statutory employee	14 Retirement plan	15 Third-party sick pay	16 Other
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e Employee's name, address and ZIP code

15 State	Employer's state ID No.	16 State wages, tips, etc.
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2004	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	

**W-2 Wage and Tax Statement**  
Copy B-To Be Filed  
With Employee's  
FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
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2004	15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

**W-2 Wage and Tax Statement**  
Copy 2-To Be Filed With  
Employee's State, City, or  
Local Income Tax Return.

Department of the Treasury—Internal Revenue Service

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
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e Employee's name, address and ZIP code

2004	15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

**W-2 Wage and Tax Statement**  
Copy 2-To Be Filed With  
Employee's State, City, or  
Local Income Tax Return.

Department of the Treasury—Internal Revenue Service

Reduced 25%

FROM

FIRST-CLASS MAIL  
Important Tax Document Enclosed



**Notice to Employee**

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld or if you can take the earned income credit.

**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 5.

You may be able to take the EIC for 2004 if: (a) you do not have a qualifying child and you earned less than \$11,400 (\$12,400 if married filing jointly), (b) you have one qualifying child and you earned less than \$30,398 (\$31,398 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$34,458 (\$35,458 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$2,000. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,503 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

**Church and religious workers.** If you are not subject to social security and Medicare taxes, see

Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

**Credit for advance taxes.** If you had more than one employer in 2004 and more than \$5,449.80 in social security and Tier 1 railroad retirement (RTTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$3,186.80 in Tier 2 RTTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A Instructions and Pub. 506, Tax Withholding and Estimated Tax.

(Also see instructions on back of Copy C.)

**Instructions (Also see Notice to Employee on back of Copy B)**

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.

**Box 3.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 4.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year, because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, G, H, and S) under all plans are generally limited to \$13,000 (\$15,000 for section 408(a)(1) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last three years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Vesting, Salaries, Tips, etc." line instructions for Form 1040.

**Notes:** If a year follows code D, E, F, G, H, or S, you made a roll-over pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RTTA tax on tips. (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

**B**—Uncollected Medicare tax on tips. (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.

**E**—Elective deferrals under a section 408(b) salary reduction agreement.

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP.

**G**—Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct).

**J**—Nontaxable stock pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RTTA tax on taxable cost of group-term life insurance over \$50,000 (former employee only) (see "Total Tax" in the Form 1040 instructions)

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employee only) (see "Total Tax" in the Form 1040 instructions)

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**R**—Employer contributions to your Archer MSA (see Form 8883, Archer MSAs and Long-Term Care Insurance Contracts)

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T**—Adoption benefits (not included in box 1). You must complete Form 8838, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

**W**—Employer contributions to your Health Savings Account (see new Form 8888, Health Savings Accounts)

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

**Notes:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

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FOLD, CREASE AND TEAR ALONG PERFORATION

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